

AUG 26 2005

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To:

NAME:	FACSIMILE:	TELEPHONE:
USPTO Mail Stop Amendment	(571) 273-8300	

FROM: Barbara M. Hayashi

DATE: August 26, 2005

Number of pages with cover page:	4	Our Reference 480062001500
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Comments:

Application No. 10/648,969

Attached: 1) Transmittal Form, 2) Response to Restriction Requirement – 2 pages.

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin: 5px 0;">(to be used for all correspondence after initial filing)</p>	Application Number	10/648,969
	Filing Date	August 27, 2003
	First Named Inventor	Daniel J. TRIPLETT
	Art Unit	3763
	Examiner Name	M. K. Han
Total Number of Pages in This Submission		3
Attorney Docket Number		480082001500

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply – 2 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; width: 100px; float: left; margin-right: 10px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP, Customer No. 25224		
Signature			
Printed name	Todd W. Wight		
Date	August 26, 2005	Reg. No.	45,218

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Dated: August 26, 2005	Signature: (Barbara Hayashi)

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Dated: August 26, 2005

Signature: 

(Barbara Hayashi)

Docket No.: 480062001500
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Daniel J. TRIPLETT et al.

Application No.: 10/648,969

Confirmation No.: 4711

Filed: August 27, 2003

Art Unit: 3763

For: SAFETY HUBER NEEDLE WITH POSITIVE
FLUSH

Examiner: Mark K. Han

RESPONSE TO RESTRICTION REQUIREMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the restriction requirement set forth in the Office Action mailed July 27, 2005, for which a response is due August 27, 2005. Accordingly, this response is timely filed.

oc-302349

Application No.: 10/648,969

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Docket No.: 480062001500

The Examiner has required restriction between five patentably distinct inventions, with claims 1-17 (Group I) drawing to a base, claims 18-34 (Group II) drawn to a reservoir, claims 35-56 (Group III) drawn to a compressible member, claim 57 (Group IV) drawn to a method of supplying fluid, and claim 58 (Group V) drawn to a method of preventing negative pressure.

Applicant hereby provisionally elects Group I, identified by the Examiner as containing claims 1-17, and Species I (claims 1-17) for continued examination without traverse.

In the unlikely event that the transmittal form is separated from this document and the Patent Office determines that an extension and/or other relief is required, Applicant petitions for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing 480062001500. However, the Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Dated: August 26, 2005

Respectfully submitted,

By 

Todd W. Wight

Registration No.: 45,218

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